

REQUEST FOR MODIFICATION OF THE TERMS OF THE REGISTRATION/LICENSE

Michigan Department of Human Services
Bureau of Children and Adult Licensing
www.michigan.gov/michildcare

Submit this form to your licensing consultant.

Facility/Registrant/Licensee Name	Street Address		Registration/License Number
City	State	Zip Code	Telephone Number
Specific Modification Request			
<input type="checkbox"/> Change of Capacity From (listed on registration/license) _____ To (requested capacity) _____ Note: The capacity of a family home cannot be more than 6. Explain:			
Centers Only: If requesting an increase in capacity, answer the following questions regarding restroom facilities available for <i>children's use</i> : _____ Total number of toilets _____ Total number of sinks <input type="checkbox"/> Yes <input type="checkbox"/> No Do the number of toilets and sinks meet the requirements of 400.8350(1)? Note: Urinals may be substituted for not more than half the required number of toilets. If no, attach plan for adding toilets and sinks.			
<input type="checkbox"/> Change of Use Space Explain:			
<input type="checkbox"/> Change of Age Ranges Explain:			
<input type="checkbox"/> Program Components Explain:			
<input type="checkbox"/> Other Explain:			
Additional Comments:			
Registrant/Licensee/Designee/Program Director Signature			Date

Centers Only:

Prior to starting any renovations, remodeling or new construction, contact your licensing consultant about the need for a plan review.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.